

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002903

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registral District No. 378 Primary Registration District No. 3054 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u> <u>Ashburn Mo.</u>	
Length of stay in 1b <u>25 Yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Country Road, Near Louisiana</u>		d. STREET ADDRESS (If outside, give location) <u>Gen Del</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Claud</u> Middle <u>-</u> Last <u>Turnbaugh</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10/26/1902</u>
9. AGE (last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Valley Steel Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Louisiana, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Turnbaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Quaite</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>WORLD WAR II</u>	
16. INFORMANT <u>Nrs Maude Turnbaugh, Ashburn, Missouri</u>		17. ADDRESS <u>Divorced</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Exposure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Inquest Pending</u> DUE TO (c) <u>Inquest Pending</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Subject was drunk and lay out in the snow in sub-zero weather all night</u>		20c. TIME OF INJURY Hour <u>5</u> a.m. <u>0</u> p.m. Month, Day, Year <u>Jan 20</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 Mi N.W. La. Mo.</u>	
21. I attended the deceased from <u>5</u> to <u>A</u> and last saw him alive on <u>Jan 20</u>		22a. SIGNATURE (Degree or title) <u>J. O. Wudal, Coroner</u>	
22b. ADDRESS <u>Burnsboro, Mo.</u>		22c. DATE SIGNED <u>Jan 21-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/23/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>RiverView Cemetery</u>		23d. LOCATION (City, town, or county) <u>Louisiana, Missouri</u>	
24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, MO.</u>		25. DATE RECD. BY LOCAL REG <u>1-23-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. B. Stenel

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.